

# Georgia Composite Medical Board



2 Peachtree Street, NW • 6<sup>th</sup> Floor • Atlanta, Georgia 30303 • (404) 656-3913 •  
[www.medicalboard.georgia.gov](http://www.medicalboard.georgia.gov)

## Genetic Counselors Request for Temporary License

**FEE: \$100**

Complete these pages only if you would like to apply for a temporary license.

**Temporary licenses are only valid for up to eighteen (18) months and will expire thirty (30) days after failing to pass the complete certification examination. Temporary licenses cannot be extended or renewed.**

Complete this request should you require that temporary licensure be issued prior to the next Board meeting. Once your application process is complete, a temporary license will be issued. The review process for temporary approval takes approximately one to two weeks.

**Important Notice: You are only eligible for a temporary license if you have been granted an active candidate status by the ABGC.** If you are granted a temporary license, you shall apply for and take the examination for certification within twelve (12) months of the issuance of the temporary license. In addition, you may only practice if you have entered into a genetic counselor contract and are directly supervised by a licensed genetic counselor or a licensed physician.

If interested in a temporary license, complete the following:

Name: \_\_\_\_\_

Anticipated start date: \_\_\_\_\_

Do you currently have active status with the following:

American Board of Genetic Counseling \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, certification #: \_\_\_\_\_ Issue Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Updated 10/2022

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Complete this page only if applying for a temporary license.

An applicant who is applying for a temporary license **must take and pass the examination for certification within eighteen (18) months of the issuance of the temporary license** and may only practice if he or she has entered into a genetic supervision contract and is already supervised by a licensed genetic counselor or a licensed physician. A temporary license will expire thirty (30) days after failing to pass the complete certification examination.

## Supervisory Statement

Name of Supervisor:

---

Last

First

Middle

---

Profession  
year)

License Number

Date license expires (month, day,

---

Office Address

City

State

Zip Code

---

Office Phone

Office Fax

Email address

## Certification of Supervision

Please indicate by signing your name below that the genetic counselor on this application will be under your supervision and that you have a supervision contract on file with both parties that sets forth the manner in which you will:

☐ Assess the work of the genetic counselor with a temporary license, including regular meetings and chart review.

☐ Attestation that a supervision contract signed by both the supervisor and the temporarily licensed genetic counselor is on file with both parties.

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Signature of Supervisor

Date(month, day, year)

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Request for Temporary License

**\*\*DO NOT RETURN TO BOARD\*\***

## Supervising Genetic Counselor Contract

This section must be completed by the supervising GENETIC COUNSELOR(s) and should be kept on file in the provider's office.

(This page may be duplicated as necessary)

List all practice settings:

1) Setting:

Supervising Genetic Counselor

Printed Name

Address

City State Zip

Signature of Supervising Counselor

2)

Setting:

Supervising Genetic Counselor

Printed Name

Address

City State Zip

Signature of Supervising Counselor

3) Setting

Supervising Genetic Counselor

Printed Name

Address

City State Zip

Signature of Supervising Counselor

4)

Setting:

Supervising Genetic Counselor

Printed Name

Address

City State Zip

Signature of Supervising Counselor